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TB CARE I

TB CARE I - Kazakhstan

**Year 3
Annual Report Quarter 4 Annex
July - September 2013**


October 30, 2013




Quarterly Overview




Reporting Country	CAR-Kazakhstan
Lead Partner	KNCV
Collaborating Partners	
Date Report Sent	
From	Timur Bazikov, TB CARE I
To	Arman Toktabayanov, USAID CAR
Reporting Period	July - September 2013




Technical Areas	% Completi
1. Universal and Early Access	100%
2. Laboratories	92%
3. Infection Control	92%
4. PMDT	100%
6. Health Systems Strengthening	100%
7. M&E, OR and Surveillance	94%
Overall work plan completion	96%



Quarterly Activity Plan Report



1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1	Finalized protocol on outpatient care and patient support in Akmola oblast	KNCV	12.335	 100%	Jul	2013	<p>During the second meeting of the Akmola oblast multi-disciplinary group on November 22, 2012, the final draft version of the protocol on the outpatient model of care for Akmola was discussed and agreed on by all members (19 participants, females - 15).</p> <p>The draft of the protocol was sent to oblast authorities (local government, department of SES, department of social affairs and others) and NTP for review and comments.</p> <p>The protocol on outpatient care and psychosocial patient support for TB patients in Akmola region was approved by the Akmola Health Department and regional Sanitary-Epidemiological Service (SES) in February 2013.</p> <p>Implementation of outpatient care and PSS support for TB patients continues according to the protocol and started earlier than expected, in January 2013.</p> <p>In July, MOH issued the official order on the implementation of full outpatient care in Akmola region with technical assistance of TB CARE I.</p> <p>For the period from January - June, 14% of TB/MDR-TB patients (82 of all patients enrolled on treatment) were put on full outpatient care.</p> <p>Akmola region currently continues the implementation of full outpatient care based on the MOH order.</p> <p>According to the order, National TB program will develop recommendations on implementation of full outpatient care (based on experience of Akmola region) for further scale up across the country in December 2013.</p> <p>The current data is as follows: The cohort of 2012 (Jan - Dec): 32%(or 500) patients including MDR-TB put on outpatient care (from registered a 1534 patients). Cohort of 2013 (Jan - June): 20% (or 151) patients including MDR-TB put on outpatient care (from registered 418 patients).</p>




1.2.2	Established Akmola regional training center	KNCV	10.656	 100%	Mar	2013	<p>The Akmola regional training center was established in January 2013. TB CARE I provided computers and technical support for the introduction of training programs. TB CARE I staff along with staff of the center conducted trainings on the provision of outpatient care for the TB service and PHC in March 2013. TB CARE I provided technical support on the development of training agendas and materials on different aspects of TB control and care.</p> <p>According to the order #402 from July 12, 2013 issued by the Ministry of Health, the training center will be able to certify its course as a branch of the National Training Center of NTP.</p>
1.2.3	Trainings on outpatient care and patient support in Akmola oblast	KNCV	32.328	 100%	Apr	2013	<p>The TB CARE I Regional Technical Officer developed distribution materials, a pre-/post test, case studies and handouts for three trainings that were conducted with the participation of HRD Consultant Ieva Leimane, KNCV Central Office, in Kokshetau from March 26-April 4, 2013. A representative from NTP also attended the trainings as a co-facilitator and observer. The trainings were conducted in the newly established training center of the TB dispensary of Akmola region.</p> <p>In the third quarter, the first training was conducted on March 28-29, for 23 health professionals (doctors and nurses) from TB and PHC services at the regional/city/rural levels, SES, and social workers (F=20).</p> <p>Two additional trainings were conducted on April 1-4, 2013, for 38 managers and doctors from TB and PHC services from all of Akmola (F=10).</p>
1.2.4	Supportive supervision visits to Akmola oblast on outpatient care and patient support	KNCV	5.720	 100%	Jun	2013	<p>TB CARE I Regional Technical Officer Gulnara Kaliakbarova conducted supportive supervision visit, with the participation of the NTP chief doctor, on June 24-28.</p>
1.2.5	Workshop in Akmola oblast to discuss the interim results on outpatient care	KNCV	20.255	Cancelled	Sep	2013	<p>Preparations for the workshop were started in June 2013. Agenda and whole package of documents was developed in July - August 2013 and agreed with local partners. Conducting the event was scheduled for September 23 - 25, 2013.</p> <p>At the request of NTP, the event is canceled and will be combined with another activity in APA 4</p>





1.2.6	Prison staff and NGOs trained on patient counseling, focusing on treatment adherence	KNCV	17.971	 100%	Jun	2013	Two two-day trainings were conducted from May 30-31, 2013, in Oskemen (East Kazakhstan) and from June 3-4, 2013, in Kokshetau (Akmola oblast). Forty-four participants from prison medical and non-medical staff (psychologists and social workers), representatives from NGOs working with prisons on TB/HIV, and members of patient support groups from the TB service (a DOT nurse, psychologists and social workers) participated in the trainings (F=38).
1.2.7	Support to the inter-agency coordination body at project sites	KNCV	11.756	 100%	Jun	2013	The meeting of the inter-agency coordination body took place in June 2013. The issues discussed during the meeting included: collaboration between prison and general TB services, SES, AIDS and PHC. An agreement was reached that the general TB service will support the transportation of sputum smears from peripheral facilities to the general TB service. The AIDS service will provide technical assistance in the management of HIV and TB/HIV in close collaboration with general and prison TB services.
1.2.8	PMDT supervision visits to East-Kazakhstan and Akmola oblasts	KNCV	23.870	 100%	Aug	2013	The TB CARE I Senior Regional TB Advisor, together with the NTP coordinator, visited several prisons in East-Kazakhstan and Akmola oblasts in December 2012. The following visit was conducted from June 22-26, 2013, in East Kazakhstan oblast. The main purpose of the visits was to observe current MDR TB treatment and diagnostic practices, and to support medical staff on MDR TB patient care in prisons, including the use of GeneXpert and other rapid diagnostic tools. The next visit to Akmola oblast was conducted on August 19-23, 2013 by TB CARE I Senior Regional TB Advisor, jointly with representatives from NTP, Head of Medical Department of Prison System and Head Epidemiologist from the Republican SES service. At the end of the visit, the mission team met with leaders of health care services. The main challenges were raised at the coordination meeting during the last day of the mission. The main recommendations were addressed to the local health care department, oblast TB dispensary and oblast HIV center. It was agreed that the progress on the recommendations will be monitored by the deputy head of the oblast health care department; the results will be discussed during the next coordination meeting.


1.2.9	Training for non-medical staff from prison facilities in TB control	KNCV	13.300	 100%	Jul	2013	<p>The TB CARE I Senior Regional TB Advisor conducted trainings for prison non-medical staff in East-Kazakhstan and Akmola oblasts, focusing on IC issues (personal protection) and the roles of prison staff in the administration of TB CARE in prisons. 14 EKO participants (females - 2) were trained on December 7, and 16 Akmola participants (females - 5) were trained on December 21.</p> <p>The last training for non-medical staff from East Kazakhstan oblast was conducted by TB CARE I Senior Regional TB Advisor and the NTP specialist on July 5, 2013. Twelve participants were trained (1 female and 11 males) .</p>
1.2.10	Training for prison health workers on the topics of TB, MDR-TB, and TB-HIV management	KNCV	11.530	 100%	Apr	2013	<p>Two three-day trainings were conducted for 30 health specialists from prison and general health services (TB, HIV, and SES) from East-Kazakhstan (14 participants - 2 males and 12 females) 25-19 April, 2013 and from Akmola oblast (16 participants -4 males and 12 females) 22-26 April, 2013 to provide them with the latest updates on the clinical management of TB, TB-HIV, and DR-TB in accordance with the national PMDT guidelines.</p>
1.2.11	Meeting with high level prison authorities in Astana	KNCV	2.512	 100%	Dec	2012	<p>On December 12, TB CARE I Regional Director and Regional TB Advisor met high level prison health officials in Astana, including the newly appointed head of the Medical Unit at the Prison Service. The meeting emphasized the strong interest and support that the Kazakhstan Prison Service has in collaborating with TB CARE I on prison related activities.</p> <p>During the meeting, TB CARE I staff provided an overview of the regional and country portfolio and discussed upcoming activities for 2013. Cooperation with general TB services (access to labs, second line drugs, and HIV services) was discussed. According to the Prison Service, the cooperation needs improvement, mainly by strengthening the coordination of activities at the oblast level.</p> <p>Prison Service officials also emphasized the need for additional trainings for medical and non-medical prison staff and study tours to learn best practices in TB control.</p>





1.2.12	Interministerial meeting to support an integrated approach for TB control in prisons	KNCV	9.342	Cancelled	Jul	2013	Due to the ongoing preparation of the IC policy regulations on the transportation of prisoners, the event is canceled and will be combined with another activity in APA 4.
1.2.13	Meetings on the development of a plan on the reorganization of TB services in prisons	KNCV	10.016	 100%	Jun	2013	<p>As part of ongoing reform, there will be only four (out of seven) TB colonies in Kazakhstan by 2015. That move requires major shifts of prisoners with TB across the country. The Prison Service, at the request of the government, was tasked with the development of the design and sanitary norms for special train cars that will transfer prisoners with TB.</p> <p>In February 2013, TB CARE I participated in a meeting with all stakeholders and developed the draft of the TOR/design for the special train car. In June 4-7, 2013, TB CARE I initiated a meeting for 17 participants (F=5) from the MoH, MoIA, Republican SES Department, National TB Center, prison medical department of pilot Akmola oblast, and QHCP to discuss the next steps for the reorganization plan of TB services in prisons. Participants agreed on the following:</p> <ol style="list-style-type: none"> 1. The convoy department and prison committee will prepare the narrative part of the proposal to describe the situation analysis on existing practices related to prisoner transportation (by July 1, 2013). 2. The Republican SES department, jointly with NTP and other partners (TB CARE, Quality), will finalize the normative IC regulations for the transportation of TB patients that will be the policy basis of the transport design and technical characteristics for the required proposal by July 1, 2013. 3. Representatives from the Ministry of Economy, together with engineers from the Kazakhstan Railway Company, will prepare the cost-effectiveness analysis of the required transport (train cars and auto cars) by July 1, 2013. <p>All these documents will serve as the basis for preparing the proposal on the organization of the prison transportation system. The prepared proposal was submitted to the government at the end of July 2013.</p>
				 100%			




2. Laboratories			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
2.3 Ensured optimal use of new approaches for laboratory confirmation of TB and incorporation of these approaches in national strategic laboratory plans	2.3.1	Sample transportation systems to ensure optimal use of Xpert MTB/Rif in Xpert sites	KNCV	10.390	 100%	Mar	2013	<p>The current transportation systems in pilot sites have been reviewed and analyzed. Some pieces of the sample transportation system document (schedule of sample transportation from each facility to Xpert laboratories in East Kazakhstan and Akmola oblasts) were developed.</p> <p>The sample transportation system was discussed during one-day meetings conducted for managers and TB clinicians in the TB CARE I project sites (Talgar/NRL on February 22, Almaty TB dispensary on February 25, Kokshetau on February 28, Semey/EKO on March 5, and Oskemen/EKO on March 7). The main objective was to increase utilization of XpertMTB/RIF by improving the sample transportation system, particularly from remote districts and peripheral prisons.</p> <p>Deliverables: an agreement on sample transportation from remote districts and peripheral prisons was reached, and development of the memorandum of cooperation is the next step to ensuring that the sustainable transportation system agreed upon during the meetings is created.</p> <p>Participants of the meetings: Talgar - 26 (7 males and 19 females) Almaty - 19 (1 male and 18 females) Kokshetau - 30 (5 males and 25 females) Semey/EKO - 33 (6 males and 27 females) Oskemen/EKO - 20 (1 male and 19 females)</p> <p>Based on the agreement between TB service and prison system, samples from prisons at district level are transported by the transport of the oblast' TB service. Prisons located close to the G-Xpert laboratory transport samples themselves.</p>
	2.3.2	Procurement of 2880 cartridges for Xpert MTB/Rif	KNCV	49.911	 100%	Jan	2013	<p>2,880 cartridges were procured for Kazakhstan in mid-January 2013 and distributed to four Xpert sites (Almaty city TBD, NRL, Akmola and East Kazakhstan). Procurement of additional 3,840 cartridges for four project sites was approved in September 2013. Procurement will be completed in the first quarter of APA4.</p>



2.3.3	Development of plan for optimization of lab services in Akmola oblast	KNCV	24.584	 Cancelled	Apr	2013	This activity is cancelled due to the fact that NTP expects the restructuring of the national lab network in the foreseeable future on the national scale.
2.3.4	Supportive supervision visits to Xpert sites	KNCV	96.644	 75%	Sep	2013	<p>In December, TB CARE I staff conducted supportive supervision visits to GeneXpert sites in Almaty City TB Dispensary, NRL, Akmola and East Kazakhstan oblasts. In February-March 2013, the regional TB CARE I team conducted additional supportive supervision visits to four Xpert sites (Almaty, Talgar, Oskemen and Kokshetau).</p> <p>During the period of August 2012 to September 2013, a total of 7,573 tests were conducted, 6,913 out of them were successful (91%). MTB positivity rate was 2,935 (42%) and the RIF resistance rate was 1,357 (46%) in the four project sites starting from August 2012 until the end of September 2013.</p> <p>Supervision visit to Akmola region was cancelled in September because of busy time for Akmola TB service and prison system due to several inspections and audit. It will be conducted in combination with other supportive supervision visits in APA4.</p>
2.3.5	Development of the national plan for the routine use of Xpert MTB/Rif in Kazakhstan	KNCV	17.758	Cancelled	Sep	2013	<p>Following the completion of the pilot phase of GeneXpert introduction in February, preparations were started for the development of the National Plan. The TB CARE I team collects Xpert data from four Xpert pilot sites that will be analyzed in October and used for the development of the National Plan for the routine use of XpertMTB/RIF in Kazakhstan.</p> <p>This activity will be moved to APA4 since NTP wants to review the results of GX implementation by GF before development of the national plan.</p>
				 92%			




3. Infection Control			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
3.2 Scaled-up implementation of TB-IC strategies	3.2.1	Training of trainers	KNCV	47.491	Cancelled	May	2013	This activity is canceled due to the fact that a similar TOT was conducted at the very end of APA2. No additional training is deemed necessary in APA3/4.
	3.2.2	TB-IC trainings in Akmola and East Kazakhstan oblasts	KNCV	25.938	 100%	Jun	2013	15 participants from ten TB facilities (12 females, 3 males) and 10 specialists from the prison sector (9 females, 1 male) were trained in EKO and 23 participants from six TB facilities, including one SES specialist, were trained in Akmola (14 males, 9 males)
	3.2.3	Supportive supervision visits	KNCV	12.754	 100%	Aug	2013	Supportive supervision visits on TB-IC were done in July (Akmola oblast) and August (East Kazakhstan oblast) 2013. In total the Regional TB-IC officer visited ten TB facilities including six TB facilities in the Akmola oblast and four TB facilities in the EKO.
	3.2.4	Procurement of TB IC equipment	KNCV	75.022	 75%	Sep	2013	International procurement of UVC meters, vaneometers and particle counters that was planned to be completed in September 2013 and distributed among the same TB CARE I sites is postponed to APA4, as the procedures on getting permission for free import (tax, customs fees exemption) became more complicated.
					 92%			




4. PMDT			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
4.1 Improved treatment success of MDR TB	4.1.1	XDR TB protocol on diagnostic, treatment and care developed (linked with 4.1.3.)	KNCV	4.260	 100%	Sep	2013	MDR National Expert, Elmira Berikova, was coordinating the work of the NTP technical group that is closely working with an external PMDT consultant, Kai Blondal. Development of the protocol started in March 2013 and final draft was prepared in the middle of September 2013 (linked with 4.1.4.)
	4.1.2	Training module on M/XDR TB care developed	KNCV	700	Cancelled	Sep	2013	Preparation of the XDR TB training module depends on the approval of the XDR TB protocol. The event is canceled and will be combined with another activity in APA 4 (training modules on comprehensive, programmatic management of DR TB).



4.1.3	MDR TB guidelines revised and adapted in accordance with MoH order #218 (linked with 4.1.1.)	KNCV	6.800	 100%	Jul	2013	Development of the guidelines started in March 2013. The revision and updating of content were finalized in September 2013 by external PMDT consultant, Kai Blondal. The guideline has been submitted to NTP and received very positive feedback from the national MDR TB coordinator Dr. Berikova. The policy documents will be finalized at NTP TWG and submitted to MoH in October 2013.
4.1.4	Supportive supervision done to ensure the new MDR TB Guidelines and protocols are integrated in clinical practice in Akmola oblast and EKO	KNCV	7.580	 100%	Aug	2013	One supportive supervision visit, with involvement from the National DR TB Coordinator, the SES M&E Specialist, and the TB CARE I Regional Advisor was conducted from June 22-26 in EKO. On-the-job training for local staff was conducted, and a last day meeting for 15 health services leaders was held to discuss problem issues. The NTP coordinator introduced the participants to the latest updates on DR policies. The visit to Akmola oblast was conducted on August 19-23, 2013 by TB CARE I Senior Regional TB Advisor, the NTP representative, Head of Prison System Medical department and Head Epidemiologist from the Republican SES. The main challenges were raised during the visit and recommendations made to key authorities of the oblast. The progress of the program activities realization will be discussed during the next coordination meeting.
4.1.5	Introduction of Childhood TB protocol at the national level	KNCV	42.034	 100%	Aug	2013	The national level training course was conducted for 30 TB pediatricians on management of TB (DR TB) in children in Almaty on September 9-13, 2013. International expert Iveta Ozere and the national coordinator on TB in children facilitated the training. PMDT protocol on management of TB in children developed within TB CARE I project has been introduced during the training course. As a follow-up, the APA 4 plan includes development of a training module/curriculum on the management of TB in children for national level, in accordance with the developed policy regulations on management of TB in children. Additional trainings for district level pediatricians will be conducted by local trainers to ensure standard approach to managing TB/MDR TB in children.
				 100%			

6. Health Systems			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) form an integral part of national plans, strategies and service	6.2.1	Regional TB CARE APA4 planning meeting	KNCV	13.265	 100%	Jun	2013	The regional TB CARE I APA4 planning meeting was conducted for technical, financial and administrative staff from Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan in Kyrgyzstan on May 13-17, 2013. The APA 4 plans for Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan have been drafted during the meeting. The plans were approved in early October 2013.
	6.2.2	Strengthening of local capacities	KNCV	52.520	 100%	Sep	2013	TB CARE I sent two epidemiologists from Akmola and East Kazakhstan oblasts (female-1, male-1) to an IC training course in Vladimir on March 1-5, 2013. Four specialists from general and prisons TB services from Akmola and East Kazakhstan oblasts (females-3, male-1) were trained at the international TB course in Tartu, Estonia on August 14-22, 2013.
					 100%			

7. M&E, OR and Surveillance			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
7.1 Strengthened TB surveillance	7.1.1	Transfer of TB data from prisons to the National TB register	KNCV	23.000	 100%	Aug	2013	The online TB electronic software for prison system has been developed. Preparations (cleaning existing data, purchase of computers, installation of internet connection) for the transfer of data started by TB prison facilities. The "Medinform" (local software developer company), after submission of the annual report (end of January 2014) will transfer all data base from TB colonies and pretrial detention center to new the software.
	7.1.2	Training on surveillance and M&E systems for prisons	KNCV	21.379	 100%	Aug	2013	On August 19-27, 2013 a training "The implementation of the online TB electronic information system in the penitentiary system" was conducted by the TB CARE I Regional M&E Officer, Director of the "Medinform" and Head of the Operations Department of "Medinform" for responsible specialists from Central Prison Committee, all regions' prison departments and TB prison facilities. Total participants: 49 (females-13, males-26).

Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.2 Improved capacity of NTPs to analyze and use quality data for the management of the TB program	7.2.1	Regional training on M&E	KNCV	34.752	 100%	Apr	2013	A regional planning, monitoring and evaluation workshop was conducted by the PMU and the TB CARE I Regional M&E Officer for managers and M&E specialists from NTP, the prison sector, Global Fund, WHO and TB CARE I country staff from Kazakhstan, Uzbekistan, Tajikistan, and Kyrgyzstan. Total participants: 22 (females-14, males-8).
	7.2.2	Supportive supervision of prison and civil TB services to improve surveillance and the M&E system in project sites	KNCV	5.804	 50%	Sep	2013	Two visits to each pilot oblast (Akmola oblast and EKO) were conducted by the TB CARE I Regional M&E Officer in March 2013. During the missions, TB CARE I Regional M&E Officer conducted on-the-job trainings for the staff of the statistical departments (3 females) and laboratory technicians (3 females) responsible for the entry of laboratory data at the TB dispensaries. The National TB Electronic Register was revised in January 2013. The register software was changed to an online system, and a new laboratory part, including variables related to molecular tests, was added. During the mission, the TB CARE I Regional M&E Officer identified problems with data entry and data saving in the revised National Register. These problems were mainly related to the laboratory part. The TB CARE I Regional M&E Officer addressed these issues and conducted practical exercises for the local lab and clinical staff. Additionally, some software problems could not be solved on the spot and needed to be addressed by the software developers. The Regional M&E Officer communicated with the software developers on these issues. On-the-job training also covered filling in the Xpert Excel-based tool and checking the correctness and completeness of Xpert data. The fourth supportive supervision visit was cancelled at the request of partners and will be conducted in combination with supportive supervision visits in APA4.
	7.2.3	Development of the national M&E plan	KNCV	8.788	 100%	Jul	2013	The M&E plan was developed and approved by NTP and integrated in the National Strategy Plan for 2014-2020

Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.3 Improved capacity of NTPs to perform operations research	7.3.1	Evaluation of the implementation of outpatient treatment	KNCV	18.230	 100%	Sep	2013	The initial review of the results started in May 2013. The operational research protocol was drafted.
	7.3.2	Evaluation of Xpert piloting in Kazakhstan	KNCV	30.596	 100%	Sep		To support the implementation of Xpert MTB/RIF in Kazakhstan (initiated in the summer of 2012), TB CARE I organized a mission on December 3-9, 2012, to monitor Xpert MTB/RIF implementation. A team of consultants from the KNCV/TB CARE I regional and central offices made monitoring visits to four Xpert pilot sites (NRL, bacteriological laboratory of Almaty City TB Dispensary, East Kazakhstan and Akmola Oblasts) and had a meeting with NTP and MedInform to discuss a new monitoring tool for Xpert M&E. TB CARE I consultants jointly with the regional staff introduced the new monitoring tool for Xpert M&E to NTP and agreed to align this tool with the national monitoring & surveillance system. The TB CARE I Regional M&E Officer developed a set of algorithms for Xpert indicators for the developers (Med Inform) of the National TB Electronic Register in February 2013. Xpert data collection was finished. Utilization of data is currently ongoing.
	7.3.3	Interim analysis on effectiveness of patient support model in EKO	KNCV	33.238	 100%	Sep	2013	At NTP's request, TB CARE I developed a tool for the evaluation of the psychosocial profile of TB patients and a list of indicators for monitoring the patient support system that will be incorporated in the National TB Electronic Register. During the mission of the TB CARE I Regional M&E Officer to EKO in December, EpiData software was installed in Oskemen and Semey TB facilities. Also, data collection was monitored for the operational research which evaluates the established patient support program. Data collection for the operations research which evaluates the established patient support program was finished in June 2013. This quarter, the review of data and preparation of the report is underway.

	7.3.4	Publication of manuscripts on TB CARE I project studies	KNCV	18.954	 100%	Sep	2013	<p>A manuscript with the title, "Psychosocial support improves treatment adherence among MDR-TB patients: experience from East Kazakhstan" was published in January 2013 in the Open Infectious Diseases Journal #7, (Suppl. 1:M1), p. 1 - 5, G. Kaliakbarova with co-authors (local partners from East Kazakhstan).</p> <p>A manuscript with the title "Converging risk factors but no association between HIV infection and multidrug-resistant tuberculosis in Kazakhstan" was published in the International Journal of Tuberculosis and Lung Disease, Volume 17, Number 4 - April, 2013. Authors S. van den Hof, A. Tursynbayeva with co-authors from NTP.</p> <p>Three abstracts on best practices in Kazakhstan recently developed within TB CARE I project and approved by NTP, were published in September 2013, in WHO compendium "Best practices in prevention, control and care for drug resistant tuberculosis".</p> <p>The publications are: (1) Kazakhstan. Implementation of GeneXpert; (2) Kazakhstan. Psychosocial patient support; and (3) Kazakhstan. Policy, legislation and guidelines for TB.</p>
					 94%			

Total Approved Staffing & Operations Budget	593.271
Grand Total Approved Project Budget	1.564.264

6. TB CARE I-supported International Visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks
1	KNCV	1.2.3.	Ieva Leimane	Trainings on outpatient care and patient support in Akmola oblast	March-April 2013	Completed	March 26-April 5, 2013	Completed
2	KNCV	1.2.5.	Ieva Leimane	Workshop in Akmola oblast to discuss interim results on outpatient care in Akmola oblast	September 2013	Cancelled		at the request of NTP, the event is canceled and will be combined with another activity in APA 4
3	KNCV	2.3.3.	Girts Skenders	Development of plan for the optimization of lab services in Akmola oblast	April 2013	Cancelled		this activity is cancelled due to the fact that NTP expects the restructuring of the national lab network in the foreseeable future on the national scale.
4	KNCV	2.3.4.	Sanne van Kampen/Manuela Rehr	Supportive supervision visits to Xpert sites	Dec 2012, Feb 2013, April 2013 September 2013	Completed	Dec 3-9 2012 April 8-12, 2013 Sept 2013 July 3-10 2013 was conducted	Three of the four visits were completed in December 2012 in April 2013 and in July 2013
5	KNCV	3.2.1.	Ieva Leimane	Training of trainers	August 2013	Cancelled		this activity is canceled due to the fact that a similar TOT was conducted at the very end of APA2. No additional training is deemed necessary in APA3/4.3.
6	KNCV	4.1.5.	Iveta Ozere	Introduction of Childhood TB protocol at the national level	September 2013	Completed	9-14 September, 2013	The national level training was conducted for 30 TB peditritrians from all regions of Kazakhstan
7	KNCV	7.2.1.	Susan van den Hoff	Regional training on M&E	April 2013	Completed	Aril 22-26, 2013	The regional training on M&E was conducted
8	KNCV	7.3.2.	Susan van den Hoff	Operations research on the effectiveness of GeneXpert for MDR TB diagnosis in project sites	January 2013 July 2013	Completed	Dec 3-9, 2012 was conducted July 1-13 2013 was conducted	The GX M&E tool was presented.
9	KNCV	7.3.3.	Susan van den Hoff	Interim analysis on the effectiveness of the patient support model in EKO	July 2013	Completed	July 1-13 2013 was conducted	The report is under finalization
10	Total number of visits conducted (cumulative for fiscal year)						10	
Total number of visits planned in workplan						13		
Percent of planned international consultant visits conducted						77%		

Quarterly Photos (as well as tables, charts and other relevant materials)

1. On-the-job trainings in Akmola oblast, July 1-5, 2013



2. On-the-job training in East Kazakhstan oblast, August 25-30, 2013



3. The national level training course was conducted for 30 TB pediatricians on management of TB (DR TB) in children in Almaty on September 9-13, 2013



Quarterly Report on Global Fund Engagement

Country	Kazakhstan	Period	July - September 2013
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Current Global Fund TB Grants				
Name (i.e. Round 10 TB)	Previous rating	Current rating	Total approved amount	Total dispursed to date
Round 8	A2	B1	\$54.5 M	\$48.4 M
Round 6	A2	B1	\$9.1M	\$8.6M

In-country Global Fund status - key updates, challenges and bottlenecks

TB CARE I & Global Fund - TB CARE I involvement in GF support/implementation and effect of GF on the TB CARE I work

TB CARE I enjoys good collaboration with the Global Fund in Kazakhstan, in the areas of PMDT, GeneXpert and M&E in particular. There is regular update and exchange of information between the two projects, including joint participation in events. The main contributions of TB CARE to Global Fund funded activities are primarily to provide technical expertise in the development of policy regulations or training support by utilizing in-country or external technical consultants.

In February 2013, the Global Fund announced the launch of a new funding model. Kazakhstan was selected as an eligible early applicant for this grant for an approximately USD 34 million program for 2014-2016. TB CARE I provides on demand support to the Global Fund in the development of the concept note for the current application. The new application calls for a strong focus on the expansion of outpatient care nationwide, which will be introduced using the experience of the TB CARE I pilot in Akmola oblast. In APA4, TB CARE I will provide similar support to East Kazakhstan oblast in the adoption of this model.